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## BIB DATA SHEET

CONFIRMATION NO. 8957

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/620,904	07/16/2003 RULE	705	3626	GM2:1003RCE	
<b>APPLICANTS</b> Joseph L. Tallal JR., Dallas, TX; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/396,883 07/17/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 09/08/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KRISTINE K RAPILLO/ Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWINGS</b> 15	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> CHALKER FLORES, LLP 2711 LBJ FRWY Suite 1036 DALLAS, TX 75234 UNITED STATES					
<b>TITLE</b> System, method and apparatus for a direct point-of-service health care by a network provider					
<b>FILING FEE RECEIVED</b> 489	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	